



Complete Summary

TITLE

Prenatal care: percentage of women who had an unduplicated count of less than 21%, 21%-40%, 41%-60%, 61%-80%, or greater than or equal to 81% of the expected number of prenatal care visits, adjusted for the month of pregnancy at time of enrollment gestational age.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of Medicaid-enrolled women who received less than 21%, 21%-40%, 41%-60%, 61%-80%, or greater than or equal to 81% of the expected number of prenatal care visits, adjusted for gestational age and the month the member enrolled in the managed care organization (MCO). By specifying that the product line at risk includes only live births, this measure captures only a percentage of an MCO Medicaid member's pregnancies.

For each woman who had (a) live birth(s) during the measurement year, the MCO:

- identifies the actual number of prenatal care visits rendered to the member while enrolled in the MCO,
- identifies the number of expected visits,
- calculates the ratio of received-to-expected visits,
- reports an unduplicated count of the number of women who had less than 21%, 21%-40%, 41%-60%, 61%-80%, or greater than or equal to 81% of the number of expected visits, adjusted for the month the member enrolled in the MCO and gestational age. MCOs report five rates.

RATIONALE

State and federal Medicaid agencies consider this measure very important in assessing the system's ability to provide prenatal care services to the Medicaid population.

PRIMARY CLINICAL COMPONENT

Pregnancy; prenatal care

DENOMINATOR DESCRIPTION

Medicaid-enrolled women who delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery with no gaps in enrollment during the continuous enrollment period (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Women who had an unduplicated count of less than 21%, 21%-40%, 41%-60%, 61%-80%, or greater than or equal to 81% of the expected number of prenatal care visits, adjusted for the month of pregnancy at time of enrollment and gestational age

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Access

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2003: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 61 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation

Decision-making by businesses about health-plan purchasing

Decision-making by consumers about health plan/provider choice

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

Managed Care Plans

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses

Nurses

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Medicaid-enrolled women who delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery with no gaps in enrollment during the continuous enrollment period

DENOMINATOR (INDEX) EVENT

Clinical Condition
Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Medicaid-enrolled women who delivered a live birth on or between November 6 of

the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery with no gaps in enrollment during the continuous enrollment period

Managed care organizations (MCOs) should follow the steps below to identify the eligible population.

- Step 1: Identify live births (refer to the original measure documentation for International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] codes to identify live births).
- Step 2: Identifying deliveries and verifying live births (refer to the original measure documentation for Current Procedure Terminology [CPT], ICD-9-CM and Diagnosis Related Groups [DRGs] codes to identify deliveries and verify live births).

Women who delivered in a birthing center should be included in this measure.

Multiple births. Women who had two separate deliveries (different dates of service) between November 6 of the year prior to the measurement year and November 5 of the measurement year should count twice. Women who have multiple live births during one pregnancy should be counted once in the measure.

Exclusions

MCOs must exclude members for whom a prenatal visit is not indicated (refer to the original measure documentation for details).

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Women who had an unduplicated count of less than 21%, 21%-40%, 41%-60%, 61%-80%, or greater than or equal to 81% of the expected number of prenatal care visits, adjusted for the month of pregnancy at time of enrollment and gestational age

Refer to the original measure documentation for steps to calculate each woman's ratio of observed-to-expected prenatal care visits.

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Frequency Distribution

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Frequency of ongoing prenatal care.

MEASURE COLLECTION

[HEDIS® 2004: Health Plan Employer Data and Information Set](#)

DEVELOPER

National Committee for Quality Assurance - Private Nonprofit Organization

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1998 Jan

REVISION DATE

2002 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

MEASURE AVAILABILITY

The individual measure, "Frequency of Ongoing Prenatal Care," is published in "HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003.

COPYRIGHT STATEMENT

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at www.ncqa.org.

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The logo for FIRSTGOV, with "FIRST" in blue and "GOV" in red, and a small red star above the "I".

